

PATENT NUMBER

**O.I.P.E.**

**PATENT DATE**

SCANNED NS 3 Q.A. EW

## APPLICANTS

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# Remote control and tactile feedback system for medical apparatus

## rule

PTO-2040  
12/98

**ORIGINAL**

**CROSS REFERENCE(S)**

## CLASS

SUBCLASS

**CLASS**

**SUBCLASS (ONE SUBCLASS PER BLOCK)**

**INTERNATIONAL CLASSIFICATION**

☐ Continued on Issue Slip Inside File Jacket

☐ **TERMINAL  
DISCLAIMER**

## DRAWINGS

Sheets Drwg.

**Figs. Drwg.**

Print Fig.

**CLAIMS ALLOWED**

### Total Claims

Print Claim for O.G.

☐ The term of this patent subsequent to \_\_\_\_\_ (date) has been disclaimed.

(Assistant Examiner)

(Date)

**NOTICE OF ALLOWANCE MAILED**

☐ The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. \_\_\_\_\_

(Primary Examiner)

(Date)

**ISSUE FEE**

Amount Due

Date Paid

☐ The terminal \_\_\_\_ months of this patent have been disclaimed.

(Legal Instruments Examiner)

(Date)

**ISSUE BATCH NUMBER**

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Form PTO-438A  
(Rev. 6/99)

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(FACE)